

# STREET SUPPORT PROJECT

assessment report

## COLOPHON

This report is developed in the framework of the Street Support Project.  
You can access the Report via <http://streetsupport.eu/>

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## CONTENTS

EXECUTIVE SUMMARY	7
1. INTRODUCTION AND BACKGROUND	9
2. ACTIVITIES AND STEPS DURING THE ASSESSMENT PHASE	11
3. RESEARCH	12
3.1. RESEARCH METHODOLOGY	12
3.2. RESEARCH FINDINGS	13
3.3. PRACTICAL EXAMPLES	17
4. CONCLUSIONS AND RECOMMENDATIONS	22
ANNEXES	24
REFERENCES	34





## EXECUTIVE SUMMARY

This assessment report was written as part of the Street Support Project, a European Erasmus+ project that provides adult learning providers, service providers and local government with tools and models of good practice for effective and inclusive measures that reduce and prevent public nuisance caused by adult drug and/or alcohol consumers.

The assessment combined a qualitative review of scientific and grey literature with expert consultation, leading to a set of recommendations for inclusive interventions.

The desk review and experts both draw attention to the shift away from a society based on class towards a society focused on education. While social mobility has improved rapidly with the increased accessibility of education, it creates additional barriers for vulnerable people, who are not always in the position to invest in their education. This increased formalisation of education and life allows little deviation from the norms of society and makes later lateral entry more difficult.

Moreover, experts and academic literature reveal that public spaces are losing its public function and marginalised groups are being banned from the space, as it does not support the image of a successful, happy and healthy society. This leaves them in a more precarious and vulnerable situation.

Even a popular intervention against public nuisance, day and night shelters, inadvertently contribute to the banning of marginalized groups. While they provide basic support for marginalized groups, it seems local governments are also using them as a way to rid the public space of unwanted marginalised groups, and moving this issue away from the public eye.

The report also discusses the effects, effectiveness and impact on society of a few interventions including MAP (managed alcohol program), Housing First and peer involvement strategies. A unifying theme within these interventions is that they not only create a better situation for marginalised groups, it acknowledges their worth and allows them to meaningfully contribute to society.

Based on this assessment we recommend the following:

- On a policy level: as the problems of marginalized people/homeless people are multi-faceted and complex, they require a holistic and integrated multi-agency approach. In addition, cooperation between law enforcement and social services can create a more socially inclusive and health focused response that diverts people away from the criminal justice system whenever possible.
- On a practical level: social and health services, and law enforcement need to cooperate with each other to create long-lasting positive effects. In addition, peer involvement is a powerful tool in creating effective intervention if it is developed in close cooperation with the peer group.
- On a social level: public opinion is a key driver in the call for interventions in the field of public order and public health and this public opinion can be influenced to promote inclusive interventions.







# I. INTRODUCTION

## BACKGROUND

A broad range of participatory interventions and prevention activities has been developed to prevent nuisance among youngsters. Interventions, targeting adults however, are limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines. Less is known about inclusive strategies and adult learning opportunities, which provide daily structure and support to this specific group. Experience shows that strategies tackling wider economic and social exclusion such as education, training and employment (ETE) can play a vital role in the (re) integration and recovery of homeless people and other marginalised groups (Busch-Geertsema, Edgar, O'Sullivan, & Pleace, 2010).

While many efforts are being made to create equal opportunity for all, in reality, disadvantaged groups face unequal opportunities on all different levels and certainly have less access to work and educational opportunities (Nicaise & NESSE, 2010). Future interventions should therefore reduce these barriers and develop an integrated approach, and create opportunities instead of restrictions.

## STREET SUPPORT PROJECT

This report is the first intellectual output of the overarching European Erasmus+ project: Street Support. The main objective of the Street Support Project is to provide adult learning providers, service providers and local governments with tools and models of good practice, resulting in effective and inclusive adult learning and working opportunities for alcohol- and drug users and a reduction of alcohol- and drug related nuisance in the public space.

The Street Support Project is built on the idea that each person has the potential to learn and

to do something meaningful. Adult learning, work and other activities can play a vital role in this context, when it is adapted to the specific needs and living conditions of the target group.

## ASSESSMENT REPORT

This report provides an overview of effective inclusive measures that reduce and prevent public nuisance caused by adult drug and/or alcohol users.

The report is based on an assessment carried out by all project partners: Health & Community Foundation (Barcelona, Spain), Cork Simon Community (Cork, Ireland), FEANTSA (Brussels, Belgium), Fixpunkt (Berlin, Germany), De Regenboog Groep (Amsterdam, Netherlands) and SPR (Brno, Czech Republic). De Regenboog Groep coordinated the assessment process, and all partners supported the process by collecting scientific and grey literature, reports and guidelines and conducted interviews with experts to explore the current measures concerning reduction of public nuisance.

The assessment was designed to answer the following research questions:

- What kind of effective and inclusive adult learning and working opportunities exist for alcohol- and drug users?
- Do these interventions reduce alcohol- and drug related nuisance in the public space? And if so, in what way?
- What kind of prerequisites are needed to develop and implement inclusive strategies?
- What conclusions can be drawn?

The assessment was based on a research matrix, which included both a template, and guidance on how to collect, summarise and document data and information for the assessment report. All partners provided feedback on the development of the assessment matrix and reviewed this assessment report.

## **LIMITATIONS OF THE RESEARCH APPROACH**

The limited experience with inclusive interventions and the fact that there is no clear definition on the terminology of 'inclusive interventions', created limitations for the assessment. Not all inclusive measures have been reported in scientific spheres and our expert interviews are limited by the fact that the experts cannot cover all aspects of the topic, due to their subject-specific expertise.

These limitations also create the rationale behind the Street Support Project. It is of the upmost importance that good practices are identified, described and shared. This will create a better understanding of the issues themselves and what viable solutions exist.

In sum, this report may not cover the whole situation and overview of inclusive measures to reduce public nuisance caused by adult marginalized drug/alcohol users but is a first attempt to present essential information in this field. Additional research is certainly needed.

## **CONTENT OF THE ASSESSMENT REPORT**

Chapter 2 of the report describes the different activities during the assessment phase, including a description on how information was collected and which tools were used.

Chapter 3 provides a detailed overview on the research methodology and findings. Both methodology and findings are described separately for the desktop research and the expert consultation.

Chapter 4 consists of recommendations and a conclusion. The recommendations will provide guidance to adult learning providers, service providers and local governments for the development and implementation of effective adult learning and working opportunities for alcohol- and drug users.



## 2. ACTIVITIES AND STEPS DURING THE ASSESSMENT PHASE

De Regenboog Groep (RG) developed the assessment report in close collaboration with all project partners.

The research methodology was based on qualitative research methods and comprises the assessment of the topic and its underlying themes in the documents being analysed and exploration of underlying themes through desktop research and expert consultations.

### DEVELOPMENT ASSESSMENT GUIDELINE AND MATRIX

To ensure comparable and comprehensive information and high quality input, all partners used an assessment guideline, which included the assessment matrix as well as guidance on how to summarise and document the collected information.

A draft version of the assessment matrix was developed by RG and presented and discussed during the first project meeting. All project partners provided input and feedback during the meeting, which was incorporated in the final version of the assessment matrix.

### DESK REVIEW

Based on the assessment matrix, all project partners collected information on European and national level. All collected information was documented following the provided template, which was part of the assessment matrix. This template created a structured and comparable overview of all assessed information and data and provided structure in the process of analysing the data.

Regular exchanges between partners safeguarded that the data collection was carried

out according to the project plan. Preliminary outcomes were presented and discussed during the second project meeting as well as during regular skype conferences.

### EXPERT CONSULTATION

All partners carried out expert consultations, by interviewing 15 European experts in total. These experts were selected on the basis of preliminary results from the assessment. The experts contributed to specific topics and provided information on particular aspects concerning homelessness, inclusive strategies in the field of adult learning and work integration and nuisance prevention.

Interviews were carried out face-to-face, by phone or via skype. Interviews aimed to identify both inclusive measures (in combination with public nuisance reduction) and challenges on different levels. Experts shared which kinds of interventions they deemed successful and in which way, how and where impact was created and which kinds of prerequisites and environments are needed for a successful outcome.

All interview reports were documented and summarized following the provided template, and shortlisted following the structure of a topic list. These summaries and the shortlisted information allowed RG to incorporate the outcomes of the interviews in the assessment report in a structured and comparable manner.

In addition, interview articles were written based on the interviews. These articles employed a storytelling technique, comparable to newspapers and magazine articles. The interview articles will be disseminated throughout the course of the project via newsletters and the project website.

### 3. RESEARCH

This chapter is structured as follows:

The first part describes the research methodology. It explains how the research was conducted and examines limitations of the research. The second part presents the overall research findings, based on the desktop research and the expert consultations. These findings are overall policy trends, which are observed in different (mostly European) countries and which contribute to a more inclusive space, by addressing marginalised people and the topic of public nuisance in a non-repressive manner. Within these overall findings, practical examples are highlighted to illustrate the general policy trends in Europe.

#### 3.1. RESEARCH METHODOLOGY

The research methodology and guidelines were developed by all project partners and agreed upon during the first project meeting. The aim was to acquire scientific knowledge through the analysis of peer-reviewed articles, organizational and policy knowledge through the study of independent reports, and a combination of both through expert consultations. Data and experts were selected based on an assessment matrix, which includes guidelines as to the kind of information relevant for the Street Support project. The research questions, geographical scope, keywords for research, relevance, provenance, objectivity and persuasiveness were defined and agreed upon by all partners. All documents were assessed in English, regardless of their original language. Non-English documents were summarized, assessed and translated by project partners, to make information accessible for RG.

The research was conducted in the following countries: Spain, Belgium, Czech Republic, Germany, Ireland and the Netherlands. The

scope was limited to articles, which described the European situation, yet all relevant non-European articles were included as well to prevent the exclusion of possible innovative trends outside of Europe.

The Netherlands: De Regenboog Groep collected and summarized a total of 20 peer-reviewed articles, research papers and reports; and interviewed a total of 4 experts  
Belgium: FEANTSA collected and summarized 22 peer-reviewed articles, reports and research papers; and interviewed a total of 3 experts  
Ireland: Cork Simon collected and summarized 15 peer-reviewed articles, reports and research papers and interviewed 2 experts.  
Germany : Fixpunkt collected and summarized 29 peer-reviewed articles, reports and research papers and interviewed 2 experts  
Czech Republic: Podane Ruce collected and summarized 7 articles, reports and research papers and interviewed 2 experts.  
Spain: Health & Community Foundation collected and summarized 9 peer-reviewed articles, reports and research papers and interviewed 3 experts.

In total, we collected and analysed a total of 99 peer-reviewed articles, research papers, and policy reports. Most articles focused on European countries, but we also included literature from Australia, Canada and the United States. We conducted 15 interviews with a diverse mix of professionals. Each partner selected these interviewees individually, based on the guidelines of the assessment matrix.

#### Keywords for search:

The following keywords were used in our literature review: Drug and alcohol use, homelessness, marginalized groups, disadvantaged groups, vulnerable groups, public nuisance, public space, local interventions/ local responses, harm reduction, social inclusion, Inclusive interventions, inclusive adult learning



and working opportunities, education, work integration, low-threshold learning opportunities, public health, alcohol – and drug-related nuisance and adult learning.

### 3.2. RESEARCH FINDINGS

#### FINDINGS BASED ON DESKTOP RESEARCH

Public policies targeting marginalised people have changed significantly in the past two decades. They were always influenced by public opinion, stakeholders and the way these phenomena are interpreted (Doherty et al., 2008). It would be most logical and desirable if policies were based on evidence and practical experience. We know however, that public opinion and socially constructed realities drive major policy decisions, affecting the lives of the most vulnerable. The literature, which was reviewed in the framework of this report, identified different themes with at times contradictory and at times complementary tendencies in Europe. Therefore, they are listed and described separately.

#### *Regulation of the public space and the surveillance of inhabitants*

The tendency to regulate the public space and to subject its inhabitants to surveillance has increased significantly in the past few decades. Doherty et al. (2008) states that the regulation has led to a redefinition from 'public space' into 'private space', 'semi-private' or 'quasi-public'. Public space nowadays often serves a private purpose. They are used for commercial purposes and contribute to the image of a healthy and wealthy city to attract domestic and foreign investors. As a consequence, more and more explicit and implicit measures are taken to make unwanted people feel uncomfortable or exclude them from the open space. Doherty et al. (2008) describes three different mechanisms in this context:

- **Border (boundary) controls and discipline:** Instating public or private measures to keep beggars, rough sleepers and people causing nuisance out of certain areas, e.g. by placing cameras on all locations to survey those areas and instate a new normative environment.
- **Deterrence:** Removing benches and resting areas to avoid congregation and public nuisance. These areas partially lose their social function, accentuating their commercial goal.
- **Legislation:** More and more local laws and regulations exclude homeless people and other 'unwanted' ones. More and more restricted areas appear, forcing marginalized groups out of sight.

This tendency is exemplified by media reports, articles and certain political movements, which view homeless people as dangerous, anti-social and sometimes even as perpetrators of crime. This contributes to a more hostile approach towards marginalised groups, which often results in the infringement of human rights (Evangelista et al., 2013; Phelan, Link, Moore & Stueve, 1997).

#### *The link between public nuisance, poverty and social exclusion*

Increased surveillance, regulation and control of the public space are measures to prevent public nuisance. Concurrently, these measures contribute to further marginalisation, as they exclude marginalised groups from their most natural space – the public space. In addition, these measures do not tackle the root of the problem. Instead, an even more precarious situation is created and the individuals' situation deteriorates even more. People on the brink of poverty, being fined and pushed away from the public eye are forced to undertake draconian measures to survive, leading to more serious public nuisance in the future (EMCDDA, 2003).

The UK introduced the Anti-Social Behaviour Order (ASBO) in 1998 (replaced in 2015 by the Criminal Behaviour Order), which was specifically used against marginalized people, rough sleepers, beggars and drug users (in public places). Other countries know similar laws and regulations, which are used to expel marginalised groups from the public space by, for example, forbidding groups drinking alcohol in certain areas. These repressive measures do not contribute to a positive change and do not address socio-economic factors, which are linked to the vulnerable position of marginalised groups, including low educational levels, early school leaving/drop-out, unemployment, low salaries, debts, insecurity of accommodation/homelessness, mortality and drug-related diseases, poor access to care and social stigma (Kennedy, & Fitzpatrick, 2001).

Interventions should address these factors in order to create long-lasting impact (Connolly, 2006). Currently, most of these 'positive' interventions are in the field of education and training, housing and employment.

#### ***Holistic and integrated multi-agency approaches***

Whilst former interventions were often driven by ideology, abstract models and theories, new and innovative interventions are often determined by pragmatism, feasibility and practicality and based on local needs and frontline experiences (Connolly, 2006). It is acknowledged that effective interventions should address different underlying factors and causes. This also means that cooperation between different agencies is required (Houten Van, 2008). Holistic interventions can simultaneously identify and assess specific, complex and multiple needs of marginalised people, offer integrated services and reduce public nuisance and criminal activities (Schatz, Schiffer & Kools, 2011; Dolphin, 2016; XAPSL, 2017).

The development and implementation of holistic and integrated approaches is based on the following:

- The multiple and complex needs and problems of marginalised groups are social issues rather than purely medical or legal (Ness et al., 2014).
- Responses need to be developed and implemented at a local level to ensure that the socio-economic infrastructure and the potential of community services at the local level is taken into account. In addition, interventions should be based on harm reduction principles (O'Connell, 2003; Podymow et al., 2006).
- All relevant stakeholders need to be involved in the development and the implementation of the local strategy. This includes professionals, such as social and health services, mental health services, housing agencies, services for education and training, employment services, policy makers, police, community services and just as importantly, representatives of the target group (Leahy, Bennet & Farrell, 2011). Involved agencies and stakeholders should be flexible, non-judgmental, motivated, reflective and pragmatic. This applies to the policy level and the practical level.

A positive example of an integrated multi-agency approach has been implemented in the Netherlands. Because of this approach (in the four major cities) public nuisance decreased most significantly in the group which received a stable mix of support. This means that the interventions addressed different aspects, such as housing, social counselling, medical and mental health services, administrative support and debt relief (Planije et al., 2014).

Although this approach has worked very well in the Netherlands, there are still shortcomings and problems, which are currently not being addressed. This applies in particular to the



situation of undocumented migrants and EU migrants without employment and insurance. This creates a breach of the principles in the holistic approach and is questionable concerning human rights principles (Farha, 2016).

### **Peer involvement**

Peer involvement is an effective intervention, if it is developed and implemented in close cooperation with target group members and clearly linked to the needs of marginalised groups. Peers have inside knowledge and can easily reach out to their community. They can also bring credibility to the service providers and create a trustful relationship. They are the experts in regard to social exclusion and can describe what kinds of problems and needs the target group has. Peer involvement is therefore not only important on the practical level, but also on the policy level. By acknowledging their knowledge and expertise, they are not seen as part of the problem, but as part of the solution.

It is important to work with peers not only during the implementation of an intervention, but to involve them as well in the design of the intervention. The involvement of peers contributes as well to the empowerment of the target group. They are involved as equal and knowledgeable partners (Schiffer, 2011).

Peer involvement also contributes to the reduction of stigma and discrimination and creates a deeper level of understanding for the needs of the community (Eurasian Harm Reduction Network (EHRN), 2014). It makes it easier to develop and implement effective integrated multi-agency approaches, as they create understanding and knowledge about the specific needs of the target group.

Empowering peers will support effective interventions, will help to understand problems and needs and can result in effective and more inclusive policies (Jürgens, 2008).

## **FINDING BASED ON EXPERT CONSULTATION**

### ***The link between marginalisation and the increasing focus on education***

Social structures and norms in society have changed significantly in the past decades. In the past, the social class – upper class, middle class, lower class (rich, wellborn, powerful versus poor, and powerless) strongly determined the social status of people and little social mobility existed. Nowadays the social status depends more on the level and the degree of education and the related occupation, creating more opportunities for upward mobility.

Yet, this does not mean that the socio-economic status (SES) is unimportant or that there are no barriers for upward mobility. It is well known that the SES influences the level of education people pursue, the types of careers they aspire to and the future opportunities given on the labour market. Consequently, people from lower classes often have less education, less income and more health-, social- and economic problems. This also puts them at a higher risk when it comes to problems such as unemployment, debts and homelessness.

The increasing focus on education offers opportunities for those who are in the position to take advantage of them. Nevertheless, it also creates additional barriers for vulnerable people, such as homeless people, people with addictions or mental health problems, who are not in the position to invest in their education. This increased formalisation of life allows little deviation from the norms of society. Whereas in the past, people who did not 'fit in' at one point in their life were able to 'fit' at the later point in life. The increased formalisation of life and education makes this type of lateral entry more difficult.

### ***Banning marginalised groups from the public space***

The formalisation of life and education also influences how society and the government deals with marginalised groups. The marginalisation and stigmatisation of homelessness and open problematic drug- and alcohol use are increasing. Society experiences the confrontation with these groups as threatening and unpleasant. Local governments feel the need to protect 'normal' citizens and consequently increase their efforts to ban the unwanted individuals and groups from central spots and the public space. The banning of the 'poor' creates the illusion of a healthy and wealthy society and makes public action against marginalised groups more and more necessary. Therefore, municipalities increase restraining orders and repressive acts, instead of creating public spaces, in which all citizens are welcome. The exclusion of marginalised groups from the most natural whereabouts – the public space – makes it difficult and nearly impossible to develop and implement low-threshold interventions, which would create new opportunities for this marginalized group.

Needless to say, the banning approach is not effective. Marginalised groups are part of the public space and it is often the only space they have access to. Pushing them away creates a vacuum of action, and does not allow for positive change. It is often difficult to effectively reach this group, even though there are many initiatives to help marginalised groups. By failing to reach this group, the problem is not solved, nor is it an example of an integrated solution (Farha, 2016).

### ***Non-tailored services create more harm than good***

Counterintuitively, social service providers can also contribute to further marginalisation. Certain services, which are available to marginalised groups, do not take into account the specific needs and living conditions of the target group. These untailored services provide

a false sense of support, as marginalised groups cannot live up to the prerequisites set by the service provider and thus do not have access to these services. But on the surface, and to the uninitiated, it seems as if these groups are well taken care of, thereby reinforcing the image of a healthy and wealthy society. These services create additional exclusion, whilst they leave the most vulnerable to their own fate.

### ***Cooperation between law enforcement and social services***

Law enforcement and social services should cooperate closely with each other to diminish public nuisance, as long as the focus moves beyond mere public order management. Some models of good practice have proven that cooperation between both institutions improves the situation for all. While law enforcement and social services do not have the same aims, cooperation can have an added value for both. The police often have important inside knowledge of the target group, as they are on the street every day. Similarly, this applies as well for social services, which know the target group and the individuals within that group and can provide relevant insights. As long as tasks and responsibilities between law enforcement and social services are clearly divided, cooperation should be encouraged. Moreover, law enforcement can be an important stakeholder for an inclusive solution. It is their responsibility to keep society safe, including marginalised groups.

A good example of effective cooperation between law enforcement and social services is the development and implementation of drug consumption rooms in Amsterdam, which was strongly supported by the police. The intervention serves different goals for the police and social services but come together in the same solution. For police, drug consumption rooms prevent an open drug scene and decreases public nuisance. For social services, it serves as an entry point to get in touch with people who use drugs, and prevents overdoses

through the stimulation of safe and hygienic drug use. Other examples include people with mental health problems, who may endanger themselves and their surroundings. Cooperation between law enforcement and social services can prove crucial to a positive outcome.

Moreover, repressive actions create only short-term effects, whilst social services can provide support, which can create the prerequisites for positive change. In this way, law enforcement is depending on social services to create long-lasting impact. In turn, this will most likely reduce public nuisance as well. Cooperation between law enforcement and social services can also contribute to the decrease of social exclusion, increase the access to low-threshold services and foster trust relationships with the police. It is advisable for law enforcement and social services to make agreements and create a framework for their cooperation. These agreements should describe what the cooperation entails, what types of tasks and responsibilities both parties have and what limitations the cooperation might have (e.g. to ensure the relationship of trust). An example for this kind of cooperation is a covenant signed by the police and the national health system in the Netherlands, promoting cooperation and recognition of the needs and means to help marginalized groups (GGZ & Nationale Politie, 2012).

#### ***Involvement of the target group is essential***

The success of interventions is dependent on understanding the complex needs and circumstances of drug- and alcohol users. Therefore, effective and respectful communication and cooperation with the target group is needed. Their knowledge and expertise is vital and accordingly, they should be actively involved in the development and implementation of responses, at all stages of the intervention.

#### ***Holistic and pragmatic approaches***

Homelessness and drug- and alcohol dependency are only two aspects of an often

complex and multifaceted situation. Many vulnerable people have experienced traumas, which have caused issues such as homelessness and many other problems. It is therefore necessary to develop a holistic approach, which provides an opportunity to work on different levels and topics at the same time. This can include issues, such as criminalisation, addiction, housing, debts, mental health problems, loneliness, work, education and psychosocial support. Social services need to be pragmatic, open-minded and flexible.

#### ***Evaluating approaches***

Last, but not least, it is essential to analyse and evaluate current approaches, interventions and policies. Was the intervention successful and effective? Did the intervention contribute to social inclusion? The evaluation of interventions and policies helps to understand the underlying factors of social exclusion and will contribute to responses that are more effective. There is no straight line towards a solution, and every situation will require a slightly different solution. After all, it is a matter of trial and error and adjustment to the ever-changing situation.

### **3.3. PRACTICAL EXAMPLES**

This chapter will provide an overview of reviewed practical examples, based on the desktop review and expert consultation and describes their effects, effectiveness and impact on society.

The overview only includes inclusive interventions as repressive interventions were deemed ineffective and could serve as mechanisms for social exclusion and scapegoating. The inclusive interventions are based on the ideas of participation and empowerment with the aim to decrease stigma and discrimination by addressing core causes.



## **MAP (MANAGED ALCOHOL PROGRAM, CANADA)**

This program is a harm reduction strategy targeting people with a severe alcohol dependency and unstable housing. MAP was developed and implemented in Canada and was evaluated in 2013. The programme allows people with severe alcohol dependency to drink alcohol in a controlled and safe environment. At the same time physical, mental and nutritional health services are provided. Participants of the programme are encouraged to be part of follow-up programmes, which include day activities, training, work and employment trajectories. If participants are interested, MAP can support and refer participants into recovery programmes (Vallance et al., 2016). MAP offers dependent alcohol users a new perspective and a low threshold solution to access healthcare without judgements or repressive measures (Podymow et al., 2006).

The MAP approach has been implemented as well in different countries and cities in Europe (e.g. the Netherlands and Germany). The implementation of the MAP approach can lead to negative public responses (why should we give alcohol to alcoholics who do not work and contribute to society?), but can contribute as well to a significant reduction of public nuisance. Target group  
Adult dependent alcohol users

### Results

Compared to periods when individuals were not participating in MAP, participants had 41% fewer police contacts, 33% fewer police contacts leading to custody time, 87% fewer detox admissions and 32% fewer hospital admissions (Vallance et al., 2016). MAP participants experienced increased safety and an improved quality of life compared to life in shelters, jails, hospitals or on the streets and were more likely to retain their housing (Pauly et al., 2016). They described MAP as a safe place, characterised by respect and a non-judgmental approach (Vallance et al., 2016).

### Considerations

The findings of the pilot study suggest that MAP participation can create positive impact, including fewer hospital admissions, detox episodes, and police contacts leading to custody, reduced on-beverage alcohol (NBA) consumption, and decreases in some alcohol-related harms. It is unclear if MAP results in a reduction of alcohol use in the long term. A more comprehensive national study is needed to determine this.

MAP is an inclusive low-threshold approach, which both reduces public nuisance and provides psychosocial support and health services to people with severe alcohol dependency and unstable housing. In effect, MAP creates a win-win situation, in which all stakeholders benefit.

Experience in the Netherlands has shown that a potential negative public opinion can also be influenced, if positive examples are shared and if communities and neighbourhoods are involved in the development of these services.

## **DRUG CONSUMPTION ROOMS (DCRS, EUROPE)**

Drug Consumption Rooms are harm reduction facilities, where illicit drugs can be used under the supervision of trained staff. DCRs aim to reduce the acute risks of (injecting) drug use, disease transmission through unhygienic injecting and the prevention of drug-related overdose deaths. Furthermore, DCRs are connecting PWUDs (people who use drugs) with other social and health services (EMCDDA, 2017). DCRs provide syringes, paraphernalia, other materials, information and practical advice for safe use.

DCRs exist in different European countries, and more countries are expected to follow in the coming years. In addition to the positive effect on the health and well-being of drug users, DCRs can play an important role in the reduction of public nuisance. This effect can

be increased with additional harm reduction interventions, such as Opioid Substitution Treatment (OST) or Heroin Treatment.

### **Target audience**

Adult drug users

### **Results**

DCRs contribute to the reduction of drug-related public nuisance. Therefore, this approach has often been supported by law enforcement agencies. The shift from open drug scenes, with an increasing risk of petty crimes and feelings of insecurity and discomfort in society towards a protected, safe and hygienic space for drug users, is experienced as a win-win situation. In other words, DCR's and other harm reduction approaches serve both of the principles: public order and public health.

Research has shown that DCR's are associated with a reduction of self-reported injecting risk behaviour, such as needle sharing, which are important drivers in the HIV/AIDS and Hepatitis C epidemic among PWUD's. Cities with DCR's have also reported a reduction of (injecting) drug use in the public space and the number of discarded needles. DCR's increase access to social and health services for PWUD's and improve health and health literacy among PWUD's. They are also associated with an increased uptake of both detoxification and drug dependency treatment. (EMCDDA, 2017).

### **Considerations**

DCR's are an effective intervention and create benefits on the level of public order and of public health. Experience has shown that the success of DCR's is often dependent on decent planning, and involvement of many stakeholders. All relevant stakeholders need to be involved, this includes policy makers, health and social service providers, representatives of the police, neighbours and just as importantly, PWUD's themselves.

Another relevant issue, which needs to be taken into account, is the size and the number of DCR's in a city. Some cities (e.g. Amsterdam,

Barcelona) have chosen to create a number of smaller and decentralised DCR's, which limits potential public nuisance and resistance among neighbours. Other cities (e.g. Sydney) have chosen to set-up larger DCR's, which are based in parts of the city where the open drug scene creates the most public nuisance.

## **HOUSING FIRST (DENMARK & HUNGARY, NETHERLANDS, SPAIN, US)**

The Housing First (HF) approach is built on the idea and principle that the first and primary need of homeless people is stable housing. Other issues, such as (mental) health and social problems can be addressed once housing is obtained. HF programmes do not work with a 'housing readiness' model - in contrast to many other approaches. Working on other issues and solving individual problems is not a prerequisite to obtain housing. In this model, housing is seen as a basic human right. It is not something that has to be earned by showing adequate and desirable behaviour.

HF is a low-threshold intervention, which serves as a starting point for other social and health interventions. By offering housing, a safe environment is created which automatically reduces certain risk behaviours and creates the opportunity to address other issues such as dependency, (mental) health problems and social problems and poverty-related topics. The HF approach contributes to community integration and participation as well (O'Connell, 2003; Pleace & Quilgars, 2013; Estany & Hendricksón, 2016).

### **Target group**

Homeless people

### **Results**

Research in various cities and countries have indicated that the HF approach has significantly reduced the costs and the use of emergency rooms by homeless people and increased the

health status of the participating individuals. When the Colorado Coalition for the Homeless evaluated their Housing First program, they found that emergency room visits were reduced by an average of 34.3 percent and in-patient hospital costs were reduced by 66 percent. Incarceration days and related costs were reduced by 76 percent. 77 percent of those entering the program continued to be housed in the program after two years (Perlman and Parvensky, 2006).

The first US controlled assessment of the effectiveness of HF - specifically targeting homeless people with severe alcohol dependency – showed that the programme saved taxpayers over \$4 million in the first year of operations. During the first six months, the study reported an average cost saving of 53 percent, compared to the per month costs of a wait-list control group of 39 homeless people. Furthermore, stable housing also results in reduced drinking among homeless alcoholics (Journal of the American Medical Association, 2009).

In other words, the Housing First approach is effective with regard to the individual health and well-being of participants, can reduce alcohol and drug use among ex-homeless people (Ornelas et al., 2014; Collins et al., 2012) and can create the prerequisites for additional support in regard to education, work and a social life (Busch-Geertsema & GISS Bremen, 2013). Furthermore, HF is cost-effective and contributes to a reduction of public order problems.

### **Considerations**

Although HF is a relatively expensive strategy, with a strong emphasis on care and support, it has proved to work well and is cost-effective. An integrated approach is needed, including different agencies – to ensure a tailored support system towards the target group.

There are also critical considerations in regard to the HF approach, saying that housing alone is not enough and can only be a starting point for further support. The unconditional approach of HF – housing is a human right – might create barriers in providing additional support (e.g. in regard to mental health problems). A multi-agency approach, close cooperation and community support is therefore key to a successful strategy.

### **PEER INVOLVEMENT STRATEGIES**

Peer Involvement is an umbrella term to describe a broad range of peer-based interventions, which engage members of the community. It can be a freestanding initiative or a collaboration between community members and an agency, aiming at meaningful involvement of peers and based on principles of mutuality and empowerment.

Peer programmes were started in the early eighties in the field of HIV/AIDS prevention, by acknowledging that peers know best how to reach and how to address their community. Peers can build up a trustful relationship, and increase the credibility of a social or health service.

Meaningful involvement is based on the belief that peers:

- are knowledgeable and can contribute to the design and the delivery of services
- can empower and support their community
- can reach their community more easily due to their inside knowledge
- are essential and natural agents of change and inevitable partners in any collaboration in the field



### Results

Peer work is being implemented all over the world in the field of education, in social programmes and in health promotion interventions, among other fields. Evidence shows that peer work leads to successful outcomes, improves programmes, benefits communities, involves targeted individuals, and contributes towards the wellbeing of the targeted communities.

There is evidence that peers 'have a positive result in providing services', because they have 'inside knowledge' and 'bring credibility and trust' to an agency. Peer involvement also contributes to the empowerment of DU's (drug users), by building on their capacities and knowledge and by clearly emphasizing the principles of community, mutuality and equality (Schiffer, 2011).

Data from research in the US, Ukraine and China show that peer-driven outreach interventions were effective in contacting a wider range of hidden groups and in reducing risk behaviour (Latkin et al., 2011).

### Considerations

Many agencies 'use' peers as part of the service delivery, e.g. to get into contact with the community. Among peers, this creates a feeling of 'being used' and becoming an instrument of an agency.

Meaningful peer involvement includes peers from the very beginning and acknowledges the specific expertise and capacity of peers. It will also give peers ownership over the intervention, which will automatically increase the commitment towards an intervention.

There is currently no evidence available on how peer involvement could contribute to a reduction of public nuisance. However, based on what is known through research and practical experience, peer involvement could be a promising element in an inclusive approach.

It is important to remember that peer involvement (no matter how perfectly designed and implemented) is not a complete solution to major health/social issues such as mental health problems, health inequalities or social exclusion. It should be seen as one component of a range of interventions, programmes and policies.

# STREET SUPPORT

## 4. CONCLUSIONS AND RECOMMENDATIONS

This assessment report analysed and described factors and current local interventions, which target marginalised and homeless people, by specifically paying attention to the discrepancy between public order and public health.

Many cities and local governments have implemented public order measures to control and regulate the public space. These law and order strategies mainly affect marginalised groups, such as homeless people. They are banished from public spaces, sent away, sanctioned and fined. Public spaces as such have lost their public function and have become a space for mainstream society only.

At the same time, there are numerous interventions on a local level, which aim to support marginalised groups. One of the most popular interventions are day shelters that offer low-threshold services for marginalised groups and homeless people. These shelters are necessary, provide basic needs, individual support, and can link to other social and health services. They can also provide a safe place for those who have nothing else, for meeting friends, for chatting and getting some food. Yet, they should not be used as argument by local governments to free the public space from unwanted marginalised groups.

Night shelters are open to justified critique as institutions with high levels of surveillance and disempowerment of their residents. Therefore, night shelters should only be temporary and serve as transition into more long-term secure housing, based on housing first principles.

The most successful interventions not only create a better situation for homeless people and marginalised groups in general. They acknowledge the worth of marginalised people and operate from the belief that everyone can provide a meaningful contribution to society,

regardless of if they 'fit in' in mainstream society. The assessment report also describes a number of promising practical examples, which provide support and describe prerequisites for effective social inclusion. These interventions do not only support marginalised individuals, they also have a positive impact on public order problems. It is therefore crucial to develop measures and integrated multi-agency interventions, which are holistic and based on pragmatism and available evidence.

### RECOMMENDATIONS

#### *Policy level*

Politicians and policy-makers have to provide the conditions for a safe and living environment, in which the needs of individuals and society in general are taken into account. A balanced and integrated approach, including public order and public health measures, can help to develop and implement effective interventions, serving two sides of the same coin.

(Local) policies should be based on all evidence available and ensure a human rights-based approach. This is difficult, especially on local level, where direct action is expected if problems occur. The need for immediate action hinders the implementation of evidence-based policies. However, research and experience has shown that a blind law and order approach does not work and can even worsen the problem. Repressive approaches such as the Anti-Social Behaviour Order (ASBO) do not bring any positive changes, rather it contributes to a further marginalisation of certain groups.

Investing in balanced and integrated services will create the conditions for more effective interventions on the long term. To assess the impact of interventions, it is essential to develop tools and mechanisms for evaluation.

**Practical level**

The literature and expert consultation provided insights for the development and implementation of effective interventions.

We know that integrated multi-agency interventions work, which involves all relevant stakeholders in the field, including social and (mental) health service providers, addiction services, education, training and employment services, law enforcement agencies and finally yet importantly, the involved target group. The cooperation between social and health services and police and law enforcement is essential, although it necessary to realise that both sides do have different tasks and responsibilities.

The role of target group representatives – peers – is essential. This will not only contribute to the effectiveness of interventions – peers are change makers - but will also contribute to the empowerment and the social inclusion of marginalised groups.

**Social level**

Public opinion is an important driver for interventions in the field of public order and public health. Marginalised groups, such as homeless people are often seen as disturbing, unpleasant and threatening. This often leads to a call for more action – not necessarily with bad intentions – but often resulting in public order measures, which are not integrated in a social policy response.

Society and public opinion can be influenced.

This can be done by media campaigns, by good practice examples, in which homeless people are seen in a different way (e.g. through community involvement) and by showing positive results of inclusive interventions.

Pushing marginalised groups away – through public order measures – will not solve the problem, but will increase marginalisation and social exclusion.



## ANNEX I: ASSESSMENT MATRIX

Assessment Matrix	
Research questions	<p>What kind of effective and inclusive adult learning and working opportunities do exist for alcohol- and drug users?</p> <p>Do these interventions reduce alcohol- and drug related nuisance in the public space? And if yes, in which way?</p> <p>What kind of prerequisites are needed to develop and implement inclusive strategies?</p> <p>What kind of conclusions can be drawn?</p> <p>What kind of recommendations can we give to local governments, service providers and adult learning providers?</p>
Main activities	<ol style="list-style-type: none"> <li>1. Desk Review: collect existing information, data and research on European and national level; (M3-M10)</li> <li>2. Expert consultation: additional information will be collected through expert consultations; (M6-M10)</li> <li>3. Analysis: analyze and summarize findings; (M10-M12)</li> <li>4. Documentation: document findings and feedback (M12-M14);</li> <li>5. Overall summary and conclusions: make recommendations, based on analysis and main findings; (M13-M14)</li> </ol>

I. Desk Review	
Scope	<p>Search for literature in all partner countries: Netherlands, Belgium, Czech Republic, Germany, Ireland, Spain (in English and national language)</p> <ul style="list-style-type: none"> <li>• carried out by all partner organizations</li> <li>• analysis and main findings translated</li> </ul> <p>Search for literature in English only</p> <ul style="list-style-type: none"> <li>• carried out by RG</li> </ul> <p>Search for literature through network channels</p> <ul style="list-style-type: none"> <li>• carried out by FEANTSA and Correlation Network</li> </ul>
Keywords for search	<p>Drug and alcohol use  Homelessness  Marginalized groups  Disadvantaged groups  Vulnerable groups  Public nuisance  Public space  Local interventions/ local responses  Harm Reduction  Social Inclusion  Inclusive interventions  Inclusive adult learning and working opportunities  Education  Work integration  Low threshold learning opportunities  Public Health</p>

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Analysis Desk Review	<p>Assessment should be based on a number of considerations:</p> <p>Significance and value: Is the article relevant for the project and does it answer one or more of the research questions? Are the author's arguments and conclusions convincing</p> <p>Type of literature/research: On what kind of research is the article/literature based?</p> <p>Provenance: What are the author's credentials? Are the author's arguments supported by evidence and in which way (e.g. primary historical material, case studies, narratives, statistics, recent scientific findings)?</p> <p>Objectivity: Is the author's perspective even-handed or prejudicial? Is contrary data considered or is certain pertinent information ignored to prove the author's point?</p> <p>Persuasiveness: Which of the author's theses are most/least convincing?</p>
Documentation	<p>Relevant articles should be summarized (and translated if necessary) in a sheet, including the following information:</p> <ul style="list-style-type: none"><li>• Kind of publication</li><li>• Title</li><li>• Author(s)</li><li>• Focus and objective</li><li>• Geographical scope</li><li>• Summarized content</li><li>• Main findings and conclusions</li><li>• Significance and value - relevance for the project</li><li>• Provenance</li><li>• Objectivity</li><li>• Persuasiveness</li><li>• Conclusions</li></ul>

Expert consultation	
Scope	At least six European experts will be interviewed Each partners will be responsible for interviewing two experts (can be an expert on national level or on European level)
Criteria for selecting experts	Experts will be selected, based on a number of pre-defined criteria including <ul style="list-style-type: none"> <li>• Relevance of experience</li> <li>• Knowledgeability</li> <li>• Transferability of knowledge</li> <li>• Ability to transfer own experience to the makro-level</li> <li>• Ability to speak English (otherwise translation)</li> </ul>
Topic List	Experts will be interviewed, based on a pre-defined topic list, including elements such as: <ul style="list-style-type: none"> <li>• Working field</li> <li>• Specific experience</li> <li>• Which kind of inclusive strategies are known?</li> <li>• How do they contribute to social inclusion?</li> <li>• Who is involved and in which way?</li> <li>• Do they reduce public nuisance and if yes in which way?</li> <li>• What is needed to develop inclusive strategies on policy and implementation level?</li> <li>• Overall recommendations</li> </ul>
Analysis and documentation	Each partner will record interviews. A summary, including quotes will be provided in English (between 3-5 pages). Main findings will be included.
Assessment Report	
Compilation Assessment Report	RG will analyze and summarize all information and compile an Assessment Report, which will be approved by all project partners.



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## **ANNEX 2:**

### **INTERVIEW GUIDE FOR EXPERTS IN THE STREET SUPPORT PROJECT**

#### **I. BACKGROUND**

This Interview Guide is compiled in the framework of the Street Support Project – a Strategic Partnership, which is financed by the Erasmus+ Project. The project includes 6 partner organisations from the Netherlands, Germany, Ireland, the Czech Republic, Spain and Belgium.

The main objective of the project is to provide adult learning providers, organisations and local governments with tools and models of good practice, resulting in effective and inclusive adult learning and working opportunities for alcohol- and drug users. These intervention should at the same time reduce alcohol- and drug related nuisance in the public space. More specifically the project has three overarching objectives:

Best Practices and information exchange:

- Carry out a European-wide assessment in the field of homelessness and the alcohol- and drug related nuisance
- Compile country reports in 6 European countries, describing the situation in regard to homelessness and alcohol- and drug related nuisance
- Develop a toolbox for service providers and local governments, including guidance and support for the development and implementation of inclusive adult learning and work integration opportunities
- Collect models of good practice within Europe to showcase effective adult learning and work integration opportunities

Develop, implement and validate cost-effective and sustainable practices:

- Develop and implement local pilot interventions and validate them with the Self-Sufficiency Matrix (developed by the Municipal Health Service of Amsterdam and the City of Rotterdam) and showcase them as case studies

Dissemination on European and national level:

- Establish an online Resource Centre and dissemination platform
- Organise 4 national multiplier events to disseminate the activities and results of the project among relevant national stakeholders
- Organise a European multiplier event to disseminate the outcomes of the project to a large number of European stakeholders and promote effective and inclusive adult learning and work integration opportunities

## 2. RATIONALE FOR THE EXPERT INTERVIEWS

The expert interviews are carried out by all project partners and support the assessment phase. A selected group of experts from different countries is being interviewed in order to:

- Assess effective and inclusive adult learning and working opportunities targeting alcohol- and drug users – contribution to good practice collection
- Investigate whether these interventions reduce alcohol- and drug related nuisance in the public space
- Assess, which kind of prerequisites are needed in order to develop and implement effective and inclusive strategies (on legal, policy, social and organizational level)
- Provide recommendations and guidance for local governments, service providers and adult learning providers?

## 3. SELECTION OF EXPERTS

Experts should have knowledge and experience on the topic and should be able to provide relevant information.

The following experts should be represented in the overall selection:

- Local policy makers
- Researchers
- Service providers, e.g. harm reduction services
- Provider for work integration
- Providers for adult learning
- Target group members
- Others experts, e.g. lobby and advocacy groups

The following criteria should be used to select experts:

- Relevance of experience
- Knowledgeability
- Transferability of knowledge
- Ability to transfer own experience to the makro-level
- Ability to speak English (otherwise translation)

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#### 4. OVERALL GUIDELINES FOR THE INTERVIEWS

All partners should organise between 2-5 expert interviews. All interviews need to be taped. There is no transcription needed.

Interviews can be conducted in the national language. The documentation however needs to be done in English.

A topic list (see annex 1) will support the interviewer and guide the interview through the different topics. However, the topic list is open and leaves room for individual discourses and discussions. Questions should be open and not closed and give the expert the opportunity to highlight specific issues. Not all questions might be relevant for all experts. Some questions might be discussed more deeply with an expert, while others are not really addressed. This means that some experts will focus more on policy issues and others will talk more about the practical elements.

Before interviewing the expert the interviewers should provide an overall overview on the scope of the project, the target group and describe aims and activities (see annex 2).

#### 5. DOCUMENTATION OF THE INTERVIEWS

All interviews will be documented and summarised. Imported information will be provided in summary to the Regenboog Groep, in order to make optimal use of the information. This summary can be provided in short, accordingly to the structure of the topic list. The shortlisted summary of the interviews should be between 300 and 500 words. This information will be used for the Assessment Report and the Good Practice Collection.

In addition we want to prepare articles, which can be published and shared. This articles should not be interview articles in question and answer style. Instead, we want to use a story-telling way, which is often used in newspapers and magazines. This will make individual interviews more interesting and will give us the opportunity to share and disseminate them through our website and our newsletter.

This means that we need to transform the actual interview into an article, which includes all relevant information. It can also mean that we have to leave out some information which is less relevant or more obvious.

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In general: describe the situation and the interviewee. Begin the narrative with an introduction of the situation, the interviewee and the purpose of the interview. This introduction should summarize the main idea of the interview itself and describe the interviewee in a way that connects with the interview.

Use direct quotes and integrate them throughout the narrative piece where they are appropriate. Be sure to use proper attribution, using quotation marks to contain sections that are the interviewee's exact words. Support the quotes with other details rather than presenting them in a list form.

Shape the story around the quotes. As the interviewee answers questions, record not just the quotes, but also the emotions, body language, style of speech and other details. Use this information to shape the narrative when writing it. The goal of the narrative interview is to present the entirety of the story with first-hand accounts, not to provide just a list of questions and answers. The narrative interviews should be between 300 and 600 words.

Note: Partners don't need to provide more than 2 narrative articles. This means: if you do more than 2 interviews, you select the two most interesting ones for the narrative article.

# STREET SUPPORT



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## ANNEX 3:

### TOPIC LIST FOR EXPERT INTERVIEWS

#### I. CONTACT DETAILS OF THE EXPERT

NAME  
ORGANISATION  
STREET  
POSTAL CODE  
COUNTRY  
EMAIL  
WEBSITE

#### 2. FIELD OF EXPERTISE

What is your background and field of expertise? Local Policy Maker

- National Policy Maker
- Researcher
- Service provider, e.g. harm reduction service
- Provider for work integration
- Provider for adult learning
- Target group member
- Other, namely

In which way are you linked to the topic of homelessness, homeless people and inclusive interventions?

### 3. INCLUSIVE INTERVENTIONS

**What challenges do inclusive interventions face?**

- On the practical level (implementation and design)
- On the policy level (regulations, political will, financial support)
- On the social level (society)
- On organizational level (cooperation, networking)

**What can inclusive interventions achieve (in terms of inclusion of homeless people with alcohol/drug misuse issue, in terms of a broader inclusion within the local context- reaching out to the wider community)? Can you share some examples of actual achievements?**

**Which kind of inclusive interventions, initiatives, and/or adult learning and working opportunities do you know, which are specifically targeting alcohol- and/or drug users?**

**In which way do these interventions contribute to social inclusion? What exactly makes the intervention effective (e.g. specific design or way of implementing, involvement of specific stakeholders ...)?**

**Do you know if these interventions reduce alcohol- and drug related nuisance in the public space? And if yes, in which way?**

**Would you say this intervention(s) is transferable (if yes, what are the key points for a successful transfer)?**

**What kind of trends and developments do you see?**

- On the policy level (e.g. legal framework, policy changes) ?
- On the practical level (e.g. new interventions, new approaches)?
- On the social level (e.g. change in public opinion)?
- On the organizational level (e.g. new ways of cooperation)?

### 4. CONCLUSIONS AND RECOMMENDATIONS

**In which way can inclusive interventions contribute to social inclusion?**

**What kind of framework need inclusive strategies to be effective?**

**What would you like to recommend to local governments, service providers (e.g. harm reduction services) and adult learning providers (organisations, providing education and training for adults) and services, providing opportunities for work integration?**

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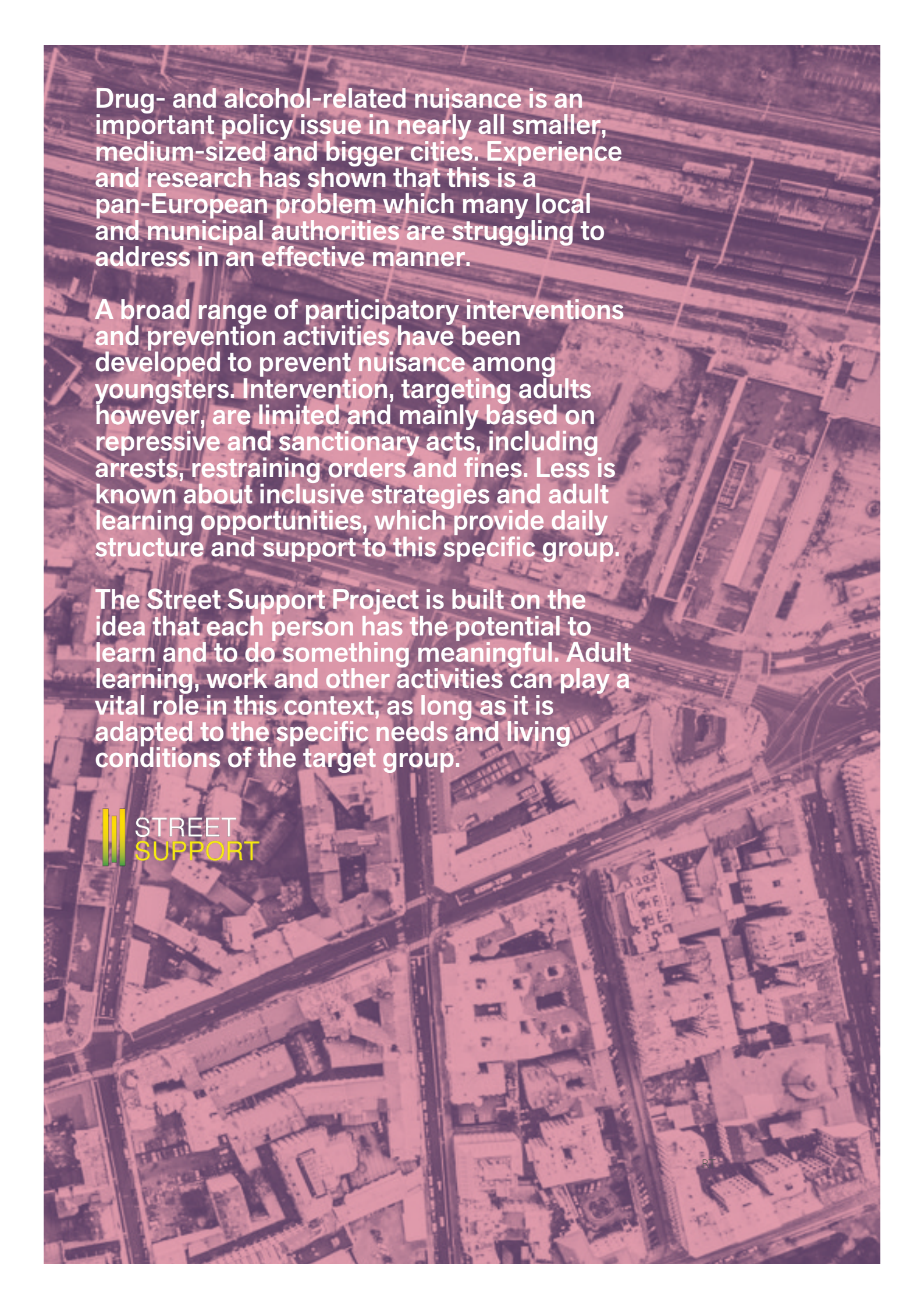
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Annexes





# STREET SUPPORT





Drug- and alcohol-related nuisance is an important policy issue in nearly all smaller, medium-sized and bigger cities. Experience and research has shown that this is a pan-European problem which many local and municipal authorities are struggling to address in an effective manner.

A broad range of participatory interventions and prevention activities have been developed to prevent nuisance among youngsters. Intervention, targeting adults however, are limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines. Less is known about inclusive strategies and adult learning opportunities, which provide daily structure and support to this specific group.

The Street Support Project is built on the idea that each person has the potential to learn and to do something meaningful. Adult learning, work and other activities can play a vital role in this context, as long as it is adapted to the specific needs and living conditions of the target group.

